

COMMUNITY PARTNERSHIPS, INC.

3522 Haworth Drive, Raleigh, North Carolina 27609 919-781-3616 Fax 919-782-1485

VOCATIONAL SERVICES REFERRAL FORM

Name: _____ DOB: _____ Social Security #: _____

Address: _____ VR #: _____

_____ Phone #: _____

Diagnosed Disability: _____

Disability Category: (i.e., SD, MSD) _____

Date of Injury: _____

Date of Last Medical Evaluation: _____

Date of Last Neuropsychological/Psychological Evaluation: _____

Date of Last Vocational Evaluation: _____

Legal Guardian: _____ Phone #: _____

Address: _____

Reason for Referral (services needed and questions to be answered – continue on back of this page if additional space is needed): _____

Other Agencies Currently Serving Consumer: _____

Is the Individual Eligible for WCHS LME
Access Center? _____

Has this process been completed? _____

Has the Individual been seen by a Benefits Counselor?

Has this individual had a criminal background
check? Does this individual have any offenses? _____

Person Making Referral: _____ Date: _____

Agency or Organization: _____

Address: _____

_____ Phone: _____

Vocational Goal as State on IPE: _____

Attendance Code: _____

The referral must include the most recent psychological/ neuropsychological (required for Brain Injury Support Services) and medical evaluations. Please also submit vocational and/or educational evaluations with this application. Please submit work history and criminal background check if applicable. Referrals should be submitted to the Director of Vocational Services or the Manager of Supported Employment.